



American Optometric Association, Attn: Dues Accounting
 243 North Lindbergh Blvd., Floor 1, St. Louis, MO 63141-7881
 (800) 365-2219
 Fax: (314) 983-7301
 E-mail: DuesAccounting@aoa.org
 Web site: www.aoa.org

**APPLICATION FOR
 ASSOCIATE MEMBERSHIP
 IN THE
 AMERICAN OPTOMETRIC ASSOCIATION
 U.S. Territories, Possessions, Commonwealths
 & Canada
 2012**

Effective January 1, 2012, the annual dues for an associate membership are \$418.50. Associate members practicing in Canada must pay an additional \$20.93 (5%) for GST tax for a total of \$439.43. Annual dues will be prorated for the year joined as determined by the effective date of membership. The effective date of membership is the date the application is signed by the applicant. All dues must be paid in U.S. dollars and must be paid in full at the time application for membership is made.

ALL INFORMATION MUST BE COMPLETED IN FULL TO PROCESS APPLICATION

NAME:

_____ First _____ Middle Initial _____ Last _____ Suffix (Jr., Sr., II, etc.) _____

Designations (O.D., Ph.D., etc.) _____ Maiden Name (if applicable) _____

CONTACT INFORMATION:

E-Mail Address: _____

Home Address: _____

Business Address: _____

Country: _____

Country: _____

Telephone: _____

Telephone: _____

Indicate address to which mail should be sent: Business address Home address

DEMOGRAPHIC INFORMATION:

Male Female

Date of Birth: _____

Name and Location of Optometry school attended: _____

Year of Graduation: _____ Year original license obtained: _____

Have you been a member of the AOA previously? Yes No

If yes, please provide years of membership and/or AOA I.D. number, if known: _____

PAYMENT OF DUES

Please check appropriate membership category and remit appropriate dues as determined by the effective date of membership. Payment of dues must be included with application. **Application cannot be processed without payment in full.**

U.S. Territories, Possessions, and Commonwealth Membership:

Indicate effective date of membership:

- | | |
|---|---|
| <input type="checkbox"/> Full Year Annual dues are \$418.50 for year joined | <input type="checkbox"/> July Annual dues are \$174.38 for year joined |
| <input type="checkbox"/> January Annual dues are \$383.63 for year joined | <input type="checkbox"/> August Annual dues are \$139.50 for year joined |
| <input type="checkbox"/> February Annual dues are \$348.75 for year joined | <input type="checkbox"/> September Annual dues are \$104.63 for year joined |
| <input type="checkbox"/> March Annual dues are \$313.88 for year joined | <input type="checkbox"/> October Annual dues are \$69.75 for year joined |
| <input type="checkbox"/> April Annual dues are \$279.00 for year joined | <input type="checkbox"/> November Annual dues are \$34.88 for year joined |
| <input type="checkbox"/> May Annual dues are \$244.13 for year joined | <input type="checkbox"/> December Annual dues are \$0.00 for year joined |
| <input type="checkbox"/> June Annual dues are \$209.25 for year joined | |

Indicate method of payment:

- Check drawn on a U.S. bank in U.S. dollars made payable to the American Optometric Association
 VISA/MasterCard/AMEX (circle one):

Account No.: _____ Exp. Date: _____

**APPLICATION FOR ASSOCIATE MEMBERSHIP
PROCESSING OF APPLICATION AND PAYMENT OF DUES**

Canadian Membership:

Indicate effective date of membership:

- | | | | |
|------------------------------------|--|------------------------------------|--|
| <input type="checkbox"/> Full Year | Annual dues are \$439.43 for year joined | <input type="checkbox"/> July | Annual dues are \$183.09 for year joined |
| <input type="checkbox"/> January | Annual dues are \$402.81 for year joined | <input type="checkbox"/> August | Annual dues are \$146.48 for year joined |
| <input type="checkbox"/> February | Annual dues are \$366.19 for year joined | <input type="checkbox"/> September | Annual dues are \$109.86 for year joined |
| <input type="checkbox"/> March | Annual dues are \$329.57 for year joined | <input type="checkbox"/> October | Annual dues are \$73.24 for year joined |
| <input type="checkbox"/> April | Annual dues are \$292.95 for year joined | <input type="checkbox"/> November | Annual dues are \$36.62 for year joined |
| <input type="checkbox"/> May | Annual dues are \$256.33 for year joined | <input type="checkbox"/> December | Annual dues are \$0.00 for year joined |
| <input type="checkbox"/> June | Annual dues are \$219.71 for year joined | | |

Indicate method of payment:

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 VISA/MasterCard/AMEX (circle one):

Account No.: _____ Exp. Date: _____

Renewals are automatically invoiced by AOA in January. An application is not required for a renewal of membership.

Payments to AOA are not deductible as charitable contributions for U.S. Federal Income Tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code.

I hereby apply for Associate membership in the American Optometric Association. I understand that the American Optometric Association may deposit the enclosed dues payment pending consideration of this application and, in the event the application is not approved, the sole obligation of the American Optometric Association will be the prompt refund of the dues tendered herewith.

Signature of Applicant

Date
(Effective Date of Membership)

Mail application and dues payment to the American Optometric Association, Attn: Dues Accounting, 243 N. Lindbergh Blvd., Floor 1, St. Louis, MO 63141-7881. Once approved and processed, you will receive by mail your AOA Membership Card and AOA Membership Certificate.

FOR AOA USE ONLY

AOA I.D. Number:

Date Approved/By:

Comments: